

PERSONALITY (201) FILE REQUEST

| | | | |
|---------------------------|---------------------|--|--|
| TO RI/ANALYSIS SECTION | DATE 23 Jan 1961 | ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE | |
| FROM [] EE/K | ROOM NO. 2507 K | TELEPHONE 3977 | |

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

| | | | | | | | | | |
|--|--|---------------|--|---------------------|--|--------------------------|--|--|--|
| SECTION I | | | | | | | | | |
| <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NONSENSITIVE | | | | | 1. SOURCE DOCUMENT EGMA-52897, 4 January 1961 | | | | |
| NAME (Last) | | NAME (First) | | NAME (Middle) | | NAME (Title) | | SEX 3. | |
| MERTEN, | | MAX | | | | (DR) Doctor | | <input checked="" type="checkbox"/> M <input type="checkbox"/> F | |
| NAME VARIANT | | | | | | | | | |
| TYPE NAME 2. | | NAME (Last) | | NAME (First) | | NAME (Middle) | | NAME (Title) | |
| | | | | | | | | | |
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| PHOTO 4. | | BIRTH DATE 5. | | COUNTRY OF BIRTH 6. | | CITY OR TOWN OF BIRTH 7. | | OTHER IDENTIFICATION 8. | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | D M Y | | | | | | 1. 2. 3. | |
| OCCUPATION/POSITION | | | | | | | | OCC/POS. CODE 9. | |
| Berlin attorney and alleged war criminal | | | | | | | | LAW | |

| | |
|-------------------|-----------|
| SECTION II | |
| CRYPTONYM | PSEUDONYM |
| | |

| | | | |
|--------------------------|-----------------|-----------------------------|-----------------------------|
| SECTION III | | | |
| COUNTRY OF RESIDENCE 10. | ACTION DESK 11. | SECOND COUNTRY INTEREST 12. | THIRD COUNTRY INTEREST 12a. |
| Greece 033 | 033 | EE/G | |

COMMENTS: CIT: GERMANY

ALLEGED WAR CRIMINAL (DOI)

| | | | | | |
|---|-----------------------------|---|-----------------------------|-------------|--|
| PERMANENT CHARGE | | RESTRICTED FILE | | SIGNATURE | |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | [Signature] | |

Form No. 831 Use previous editions.
1 Oct. 56

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NAZI WAR CRIMES DISCLOSURE ACT
DATE 2001 2006